

Existential Health Psychology

Patrick M. Whitehead

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The Blind-spot in Healthcare

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Patrick M. Whitehead
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Albany State University
Albany, GA, USA

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To my beautiful wife, Erica

FOREWORD

It is now fashionable to hear of one *existential crisis* or another. Seemingly out of nowhere the word existential is now regularly heard from the mouths of news entertainers, pundits, and politicians. One asserted that the planet has an expiration date of 2030, and with no edible food, no potable water, and no breathable air, soon after will follow the end of the existence of that most endangered subspecies of living things: *Homo sapiens sapiens*. We will no longer exist. Much like the aftermath of a nuclear holocaust, only cockroaches will remain.

My ears perk up, not because of the doomsday predictions, but because of the surprising resurrection of that word, which I thought had permanently disappeared with the post-World War II era I grew up in, along with avid readers of Walter Kaufmann's mélange of essays and excerpts from philosophy and literature *Existentialism from Dostoevsky to Sartre* and quirky plays such as *Waiting for Godot* or J.D. Salinger's *The Catcher in the Rye*, which captured the existential crisis of growing up better even than the ego psychobiographies of the ego psychologist Erik Erikson.

Beginning in the late 1940s, existentialism was a quasi-surrealist bit of Euroamerican intellectual exotica that remained in currency through the end of the 1960s. There had been several decades of talk about meaning and ultimate concerns as the planet recovered from World War II. People were enjoined to think, not just know and believe, and consider whether you ought to trust your perceptions over what you had learned. These were issues where psychology and philosophical considerations overlapped.

To speak of an existential threat to all human beings makes no sense, however. The existential pertains to the individual, not groups, let alone a

subspecies or mineral item in the solar system. It refers to the situation of the singular, unique individual human being in a way that has nothing to do with what he is—his identity, self, ego, or personality. It is about existing, not being.

I suppose I am among the very few who actually welcome the return of the word existential after more than a half century, if only to question its usage. Its reappearance signals the uneasy consciousness of a sensibility that first produced the phenomenon of existentialism, when mankind was truly congealing globally and not just in the West and to where its influence had stretched. Every word bears a deeper history than people may be aware of, a point that the progenitor of existentialism had made beginning with his look at the vocabulary of early Greek thinking.

The word existence has disappeared from all but a few college psychology classrooms except mine. Even by 1972, when I taught my first undergraduate classes, while I continued to refer to Sartre, Maurice Merleau-Ponty, Jan van den Berg, Médard Boss, and Heidegger, my colleagues often ridiculed me. Students, however, were fascinated with what they heard and so I knew something was right. The way to understand us human beings, my colleagues insisted, was to examine the tissues of our brains and analyze the compounds they are soaked in and that circulate through our blood stream. If they were clinical psychologists, following on the ever more strident *DSM* trends in psychiatry after 1955 and the hegemony of the post-psychoanalytic world of behaviorism, they insisted students should focus exclusively on the observable behavior of specimens of creatures, from mice and rats, to college freshmen. In many places, the beginning psychologist studies hermit crabs to understand the principles of psychology. What *is* there, after all, except observable behavior?

The rules about what can be said about what *is* are broken, however, in the case of the being who raises the question about *being*: namely, the human being. Other beings do not raise the question or they do not need to: rocks, plants, birds, God. But we do—each of us—and that puts human beings in a unique, albeit highly problematic situation. To put as bluntly as possible: We never *are* something—we exist. Only when she dies can we say this existence, this *who*, is finally something, a what. Rocks, plants, birds, and God do not have to learn to be mineral, floral, avian, or divine. Humanity, however, is not there initially. It is conferred by another human being by way of an unfathomable alchemy and continues to be worked out through a lifetime: ever beginning, never finished. Its possibilities are inexhaustible no matter how constrained and limited the human being's

environment may be—until the moment of death. Of course, these ideas were not new, but for the existentialists in the aftermath of the second “great” war they were vivid. And now, nearly a quarter of the way into the new century, we are again hearing of the existential. What’s up?

Part of the initial disdain for existentialism followed the disregard of experience, which like consciousness was a notion as dead as William James, who had foregrounded the latter. Experience disappeared from the titles of introductory textbooks on psychology. Inner world and outer world were a black box and the environment, respectively, and since the lights never go on in the box, presumably we are left with what is out there for everyone to see—and only that—if we want to understand each other. But to understand just what, again? What about this being? The behaving organism was termed *l’homme machine*—man, the machine—as Julien Offray de la Mettrie had termed us in 1747, following on the astonishing claim made a century earlier by his fellow Frenchman, René Descartes, that animals below us in the taxonomy are nothing more than highly elaborate mechanisms, modeled on the clock. We are timekeeping living machines. Taught by Jesuits, however, Descartes had to find room in the human being for a soul. There it was, hidden away in a gland just north of the soft palate, but Mettrie eliminated the soul altogether. This most daring philosopher and physician (Descartes was “only” a philosopher), he had set the stage for the view of us—the wise, knowing creatures—that medical doctors following him would investigate as terribly complex mechanisms that had somehow come into view in the minds of certain men of science who in each case just happened to occupy such a machine. It is no coincidence that Mettrie was a physician and that, following him, the grounding disciplines of medicine today are chemistry and engineering—medicine as a science and a technology, for which being born, dying, wondering, feeling, imagining, and all the rest of “psychological life” is treated as discrete, albeit related biochemical events. Understandably, the darlings of science are artificial intelligence, cybernetics, and the robot.

Things changed in the twentieth century, however, when the science underlying psychology, Newtonian physics, was turned on its head and man the machine was (once again) found to be evil at times. In the Age of Enlightenment, we had evidently tried to forget that yet to be consistent evil must now also be explained biochemically. Alas, it belongs to a conceptually different universe than the cosmos comprising elements printed in the periodic table and ever cuter subatomic particles and weird forces tracked down every year. Between Mettrie and B.F. Skinner, Mary Shelley’s

hybrid of machine and organism, the monster dubbed “Beautiful” no less, had been envisioned. It should have been a warning, but instead it was turned into a movie and “he” has inspired a pantheon of superheroes. While the idea of a machine was elegant (and simple) like a clock, the monster was not. Like the human being “he” was designed to replicate, “he” was also spiritual, a *who*. The object of study of modern medical science had been invented.

With some presaging by the somewhat emotional mess and somewhat brilliant essayist of emotional life, Soren Kierkegaard, there finally came on the scene between the “war to end all wars” and its even more deadly version complete with nuclear bombs, the German thinker Martin Heidegger. His proposal, in 1927, that human being is of a sort that eludes the categories of every other sort of being (from rocks to God) that Aristotle, the philosopher who had great-great-great-...grandfathered science in his physics and metaphysics, was surprising. He described a unique set of “categories” called existentials that apply only to human beings in whom there is the unlikely, unpredictable confluence of animality, values, and a not so residual soul or spirit (*Geist*). In shock at what was happening in Europe, the French Heideggerian, Jean-Paul Sartre, seized on the master’s subtlety, existence (*Da-sein*—literally, there-being), and translated it into something we human beings—good and evil alike—are responsible for, whether we wish it or not. There was a philosophical mistake in the translation, but *existence* was distilled in the retort of the alchemy of the French language and Existentialism as a form of humanism was born. Heidegger remained inaccessible to most intellectuals, but, in his plays and short stories, Sartre illustrated and brought to life a version of what Heidegger’s “fundamental ontology” had attempted unsuccessfully to describe. In short, Sartre said, we may be machines, as Mettrie had said, but in the first place we exist. This means we are free and condemned to be free. The upshot was that being something or somebody and existing are not the same. Regardless of the misunderstanding, something important had been articulated and illuminated for two generations of professors. And now, once again, it is being named again. For us, existing is more fundamental than being.

It does not require an aptitude or taste for philosophy—from Aristotle to Sartre—or for psychology to understand what this brief history means for us now. It suffices instead to take some time to read Patrick Whitehead’s new book on the medicalization of everyday life. Nowhere else than in the control of everyday life by medical warnings and remedies, interventions

and technologies, is the echo of the message of the existentialists more evident. Among young psychology pedagogues we have in Whitehead someone who is exposing what it means to have made living a series of pathological conditions. The pervasiveness of modern medicine in every fold of skin and pore of the body social he reveals is striking. “The medical blind-spot misses the existential dimension of human being,” he writes. Since medicine is everywhere, we have been blinded to what is essential—existence. In its hegemony, medicine has overpowered and dimmed down the uniqueness of the being that it claims to care for while doing it no harm. Recall *primum non nocere*: in the first place and above all, whatever else you do as a doctor, do no harm. This is the oath taken by every physician as a condition of being granted her license to practice this art.

As it turns out, while breathtaking interventions and achievements in surgery have given medicine a prestige that it well deserves, in having capitulated to seeing the organism as only a machine, physicians have become veterinarians for people, that most domesticated of all animals, and iatrogenic troubles have added to the woes of diseases that have plagued our subspecies from the start.

Professor Whitehead is as familiar with Martin Heidegger as with Kurt Goldstein, with Wilhelm Wundt and William James as with Thomas Szasz. The reader—especially the young reader—will benefit by being (*re*)introduced to these important thinkers. Whitehead understands that the history of medicine and psychology did not begin in 1980 or soon after, and that both have underlying philosophical and ideological agendas that those who teach and practice in both disciplines must understand. There is no presuppositionless philosophy, and all of modern science, including medicine and psychology, are based on a philosophical position that must be honestly acknowledged.

This is also an important book for reintroducing some figures who first brought the existential dimension into psychology, including Médard Boss and R.D. Laing. Both were properly trained physicians and psychiatrists, but influenced by existentialism, they offered the shocking possibility that there might be something unusual, if not special, about *Homo sapiens sapiens*: it exists. The reader is brought to look back before looking forward in order to understand that a *who* is not a *what*. Whitehead is worried (as I am) to see that love, sadness, and enthusiasm, for example, have disappeared in the current mythology (I might even say religion) of neurotransmitters and biochemical reactions. There is no place for action and freedom in a world explained *entirely* in terms of reactions.

The present volume encourages us to pause when we hear that the brain decides or prefers something, wishes or hates somebody. Tissues do not feel and speak, parts of the brain do not communicate with each other like the first on-line chatters, Alexander Graham Bell and his assistant, Thomas Watson. Yet most viewers of commercials for psychotropic medications are supposed to believe this. It was not long ago that people believed in the power of ghosts and demons to determine behavior, or that the shape of one's skull or the color of one's skin compelled them to act in certain ways without redemption. We are now supposed to believe in chemicals with appetites, needs, and desires. This is not a book that dismisses science or rejects the remarkable accomplishments of modern medicine but simply warns that the focus of a doctor's practice must first and always be the existing human being and not a living version of the corpse he dissected in medical school. It will be difficult for some readers to suspend certain beliefs they cherished that are disguised as knowledge. But they should try.

We have been mistaken in speaking of medicine as health care. It is illness care. At its best, medicine is care for the existence of a human being whose temporary passive patient status calls first for a human response—the response of another existing human being—followed by whatever interventions may be cautiously made providing that no harm is done. Having become blind to the patient's existence, medicine now does harms. It remains to be seen how extensive the influence of Whitehead's book will be, but it requires our attention.

Wagner College
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Miles Groth

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